

## **Application Data Sheet**

### **Application Information**

<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	SYSTEMS AND METHODS FOR FACILITATING THE FLOW OF CAPITAL THROUGH THE HOUSING FINANCE INDUSTRY
<b>Attorney Docket Number::</b>	037607-0159
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	Yes
<b>Suggested Drawing Figure::</b>	2
<b>Total Drawing Sheets::</b>	71
<b>Small Entity?::</b>	No
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	David N.
<b>Family Name::</b>	Voth
<b>City of Residence::</b>	Oakton

**State or Province of Residence::** Virginia  
**Country of Residence::** US  
**Street of mailing address::** 11812 Lyrac Court  
**City of mailing address::** Oakton  
**State or Province of mailing address::** VA  
**Postal or Zip Code of mailing address::** 22124

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Richard N.  
**Family Name::** Plotnick  
**City of Residence::** Fairfax  
**State or Province of Residence::** Virginia  
**Country of Residence::** US  
**Street of mailing address::** 9205 Christopher Street  
**City of mailing address::** Fairfax  
**State or Province of mailing address::** VA  
**Postal or Zip Code of mailing address::** 22031

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Peter G.  
**Family Name::** Kopperman  
**City of Residence::** Bethesda  
**State or Province of Residence::** Maryland

**Country of Residence::** US  
**Street of mailing address::** 8006 Greentree Road  
**City of mailing address::** Bethesda  
**State or Province of mailing address::** MD  
**Postal or Zip Code of mailing address::** 20817

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Caroline  
**Family Name::** Herron  
**City of Residence::** Washington  
**State or Province of Residence::** DC

**Country of Residence::** US  
**Street of mailing address::** 3900 Wisconsin Avenue NW  
**City of mailing address::** Washington  
**State or Province of mailing address::** DC  
**Postal or Zip Code of mailing address::** 20016

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** John  
**Family Name::** Derwin  
**City of Residence::** Washington  
**State or Province of Residence::** DC  
**Country of Residence::** US  
**Street of mailing address::** 3900 Wisconsin Avenue NW

**City of mailing address::** Washington  
**State or Province of mailing address::** DC  
**Postal or Zip Code of mailing address::** 20016

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Sheilah  
**Family Name::** Goodman  
**City of Residence::** Washington  
**State or Province of Residence::** DC  
**Country of Residence::** US  
**Street of mailing address::** 3900 Wisconsin Avenue NW  
**City of mailing address::** Washington  
**State or Province of mailing address::** DC  
**Postal or Zip Code of mailing address::** 20016

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Michelle  
**Family Name::** Watson  
**City of Residence::** Washington  
**State or Province of Residence::** DC  
**Country of Residence::** US  
**Street of mailing address::** 3900 Wisconsin Avenue NW  
**City of mailing address::** Washington

**State or Province of mailing address::** DC  
**Postal or Zip Code of mailing address::** 20016

**Correspondence Information**

**Correspondence Customer Number::** 34099  
**E-Mail address::** PTOMailMilwaukee@Foley.com

**Representative Information**

<b>Representative Customer Number::</b>	34099	
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**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application claiming the benefit under 35 USC 119(e)	60/488,785	07/21/2003

**Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

**Assignee Information**

**Assignee name::** Fannie Mae